

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**ALAMEDA COUNTY TREASURER**

1221 OAK STREET

OAKLAND CA

94612

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.03911790</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,339,618.29</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,339,618.29</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,220,516.55</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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**ALPINE COUNTY TREASURER**

PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00010613</b>

<b>Gross Claim</b>	<b>\$</b>	<b>3,634.49</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,634.49</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>27,727.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
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**AMADOR COUNTY TREASURER**

810 COURT STREET

JACKSON CA 95642

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<u>Total amount collected:</u>	\$263,359,212.81	Percentage of collection:	0.13003403
Gross monthly apportionment:	\$34,245,659.78	County/City Ratio:	0.00132860

Gross Claim	\$	45,498.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	45,498.78
YTD Amount:	\$	347,128.26

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00893807</b>

<b>Gross Claim</b>	<b>\$</b>	<b>306,090.10</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>306,090.10</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,335,290.65</b>

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**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00136296</b>

<b>Gross Claim</b>	<b>\$</b>	<b>46,675.46</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>46,675.46</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>356,108.36</b>

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**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00106887</b>

<b>Gross Claim</b>	<b>\$</b>	<b>36,604.16</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>36,604.16</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>279,269.67</b>

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**CONTRA COSTA COUNTY TREASURER**  
625 COURT ST RM 102

MARTINEZ CA 94553

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.02011995</b>

<b>Gross Claim</b>	<b>\$</b>	<b>689,020.96</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>689,020.96</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,256,834.71</b>

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**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00127154</b>

<b>Gross Claim</b>	<b>\$</b>	<b>43,544.73</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>43,544.73</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>332,220.34</b>



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**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA 95667

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00494732</b>

<b>Gross Claim</b>	<b>\$</b>	<b>169,424.24</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>169,424.24</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,292,609.19</b>

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**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.02544470</b>

<b>Gross Claim</b>	<b>\$</b>	<b>871,370.54</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>871,370.54</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>6,648,055.27</b>

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**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS CA 95988

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00122313</b>

<b>Gross Claim</b>	<b>\$</b>	<b>41,886.89</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>41,886.89</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>319,572.84</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00862799</b>

<b>Gross Claim</b>	<b>\$</b>	<b>295,471.21</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>295,471.21</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,223,779.08</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00880355</b>

<b>Gross Claim</b>	<b>\$</b>	<b>301,483.38</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>301,483.38</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,300,146.04</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00165904</b>

<b>Gross Claim</b>	<b>\$</b>	<b>56,814.92</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>56,814.92</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>433,463.16</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.01721219</b>

<b>Gross Claim</b>	<b>\$</b>	<b>589,442.80</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>589,442.80</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,497,109.73</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00445853</b>

<b>Gross Claim</b>	<b>\$</b>	<b>152,685.30</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>152,685.30</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,164,899.30</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**LAKE COUNTY TREASURER**  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00199460</b>

<b>Gross Claim</b>	<b>\$</b>	<b>68,306.39</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>68,306.39</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>521,139.11</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00134019</b>

<b>Gross Claim</b>	<b>\$</b>	<b>45,895.69</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>45,895.69</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>350,157.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.31055690</b>

<b>Gross Claim</b>	<b>\$</b>	<b>10,635,225.98</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>10,635,225.98</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>81,140,621.37</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00444444</b>

<b>Gross Claim</b>	<b>\$</b>	<b>152,202.78</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>152,202.78</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,161,219.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00978123</b>

<b>Gross Claim</b>	<b>\$</b>	<b>334,964.67</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>334,964.67</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,550,861.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00071281</b>

<b>Gross Claim</b>	<b>\$</b>	<b>24,410.65</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>24,410.65</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>186,239.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00285164</b>

<b>Gross Claim</b>	<b>\$</b>	<b>97,656.29</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>97,656.29</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>745,061.19</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00629714</b>

<b>Gross Claim</b>	<b>\$</b>	<b>215,649.71</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>215,649.71</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,645,282.91</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**MODOC COUNTY TREASURER**

204 COURT ST RM 101

ALTURAS CA

96101

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00079120</b>

<b>Gross Claim</b>	<b>\$</b>	<b>27,095.17</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>27,095.17</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>206,721.82</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00114139</b>

<b>Gross Claim</b>	<b>\$</b>	<b>39,087.65</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>39,087.65</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>298,217.30</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00812079</b>

<b>Gross Claim</b>	<b>\$</b>	<b>278,101.81</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>278,101.81</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,121,757.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**NAPA COUNTY TREASURER**  
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00419176</b>

<b>Gross Claim</b>	<b>\$</b>	<b>143,549.59</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>143,549.59</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,095,201.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA 95959

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00269975</b>

<b>Gross Claim</b>	<b>\$</b>	<b>92,454.72</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>92,454.72</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>705,376.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.06443975</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,206,781.75</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,206,781.75</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>16,836,471.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**PLACER COUNTY TREASURER**  
2976 RICHARDSON DRIVE

AUBURN CA 95603

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00380642</b>

<b>Gross Claim</b>	<b>\$</b>	<b>130,353.36</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>130,353.36</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>994,521.89</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00113417</b>

<b>Gross Claim</b>	<b>\$</b>	<b>38,840.40</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>38,840.40</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>290,829.59</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.03289206</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,126,410.30</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,126,410.30</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>8,593,861.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.03445505</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,179,935.92</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,179,935.92</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>9,002,228.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**SAN BENITO COUNTY TREASURER**

COURTHOUSE  
440 FIFTH ST RM 107  
HOLLISTER CA

95023

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00159150</b>

<b>Gross Claim</b>	<b>\$</b>	<b>54,501.97</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>54,501.97</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>415,820.37</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**SAN BERNARDINO COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.03996867</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,368,753.47</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,368,753.47</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,442,801.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO 95798 0304

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.07799923</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,671,135.09</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,671,135.09</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>20,379,217.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.05924515</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,028,889.25</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,028,889.25</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>15,479,256.55</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.01529153</b>

<b>Gross Claim</b>	<b>\$</b>	<b>523,668.53</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>523,668.53</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,995,290.71</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00459188</b>

<b>Gross Claim</b>	<b>\$</b>	<b>157,251.96</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>157,251.96</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,199,743.20</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.01397274</b>

<b>Gross Claim</b>	<b>\$</b>	<b>478,505.70</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>478,505.70</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,650,722.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**SANTA BARBARA COUNTY TREASURER**  
PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00838718</b>

<b>Gross Claim</b>	<b>\$</b>	<b>287,224.51</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>287,224.51</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,191,357.34</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.03392573</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,161,809.01</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,161,809.01</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>8,863,932.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**SANTA CRUZ COUNTY TREASURER**  
PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00556854</b>

<b>Gross Claim</b>	<b>\$</b>	<b>190,698.33</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>190,698.33</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,454,919.56</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00771514</b>

<b>Gross Claim</b>	<b>\$</b>	<b>264,210.06</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>264,210.06</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,015,772.35</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00026776</b>

<b>Gross Claim</b>	<b>\$</b>	<b>9,169.62</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>9,169.62</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>69,957.82</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00208334</b>

<b>Gross Claim</b>	<b>\$</b>	<b>71,345.35</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>71,345.35</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>544,323.87</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.01114864</b>

<b>Gross Claim</b>	<b>\$</b>	<b>381,792.53</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>381,792.53</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,912,858.42</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.01734411</b>

<b>Gross Claim</b>	<b>\$</b>	<b>593,960.49</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>593,960.49</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,521,479.78</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.01168672</b>

<b>Gross Claim</b>	<b>\$</b>	<b>400,219.44</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>400,219.44</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,053,443.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA 95992

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00403600</b>

<b>Gross Claim</b>	<b>\$</b>	<b>138,215.48</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>138,215.48</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,054,504.14</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA 96080

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00274330</b>

<b>Gross Claim</b>	<b>\$</b>	<b>93,946.12</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>93,946.12</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>716,756.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

TRINITY COUNTY TREASURER  
PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00117460</b>

<b>Gross Claim</b>	<b>\$</b>	<b>40,224.95</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>40,224.95</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>306,893.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**TULARE COUNTY TREASURER**  
COUNTY CIVIC CENTER RM 103E  
221 SOUTH MOONEY BL  
VISALIA CA 93291

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.01120898</b>

<b>Gross Claim</b>	<b>\$</b>	<b>383,858.92</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>383,858.92</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,928,623.98</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**TUOLUMNE COUNTY TREASURER**  
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00211075</b>

<b>Gross Claim</b>	<b>\$</b>	<b>72,284.03</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>72,284.03</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>551,483.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.01334317</b>

<b>Gross Claim</b>	<b>\$</b>	<b>456,945.66</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>456,945.66</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,486,231.77</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00370281</b>

<b>Gross Claim</b>	<b>\$</b>	<b>126,805.17</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>126,805.17</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>967,449.35</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00354044</b>

<b>Gross Claim</b>	<b>\$</b>	<b>121,244.70</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>121,244.70</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>925,028.20</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**BERKELEY CITY TREASURER**  
2081 CENTER STREET

BERKELEY CA 94704

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00143779</b>

<b>Gross Claim</b>	<b>\$</b>	<b>49,238.07</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>49,238.07</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>375,656.02</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**LONG BEACH CITY TREASURER**

333 W OCEAN BL

LONG BEACH CA 90802

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00644648</b>

<b>Gross Claim</b>	<b>\$</b>	<b>220,763.96</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>220,763.96</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,684,301.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100377A  
PAYMENT ISSUE DATE: 5/25/2012

**PASADENA CITY TREASURER**

PO BOX 7115

PASADENA CA

91109 7215

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2012 TO: 5/15/2012

<b>Total amount collected:</b>	<b>\$263,359,212.81</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$34,245,659.78</b>	<b>County/City Ratio:</b>	<b>0.00212606</b>

<b>Gross Claim</b>	<b>\$</b>	<b>72,808.33</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>72,808.33</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>555,486.59</b>